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PTO/SB/05 (12/97)

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03/29/00

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	PHQ03.0-008	Total Pages	35
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First Named Inventor or Application Identifier

Harry Dugger

Express Mail Label No.

EL 325030616US

APPLICATION ELEMENTS

S. MPEP chapter 600 concerning utility patent application contents.

- | | |
|---|--|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 30]
(preferred arrangement set forth below) <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure </p> <p>3. <input type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets _____]</p> <p>4. Oath or Declaration [Total Pages _____] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 17 completed)
<i>[Note Box 5 below]</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S)
Signed statement attached deleting Inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). </p> <p>5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> | <p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (Identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies </p> |
|---|--|

ACCOMPANYING APPLICATION PARTS

- | | |
|---|--|
| <p>8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement
(when there is an assignee) <input type="checkbox"/> Power of Attorney</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)</p> <p>14. <input checked="" type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) <input type="checkbox"/> Status still proper and desired</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)
(if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Other:</p> | <p>.....</p> <p>.....</p> <p>.....</p> |
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17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

Continuation Divisional Continuation-in-part (CIP) of prior application No: _____ / _____

18. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label

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or Correspondence address below

NAME	Omri M. Behr, Esq.				
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JCT781 U.S.P.T.O.
63/29/60

PATENT APPLICATION TRANSMITTAL LETTER

ATTORNEY'S DOCKET NO.

PHCO 3.0-008

TO THE COMMISSIONER OF PATENTS AND TRADEMARKS:

Transmitted herewith for filing is the patent application of Harry Dugger

for BUCCAL, POLAR AND NON-POLAR SPRAY OR CAPSULE

Enclosed are:

_____ sheets of drawing. Claim for small entity Independent
 an assignment of the invention to _____ Small Business
 Non-Profit

a certified copy of a _____ application.
 associate power of attorney.

CLAIMS AS FILED				
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS	25 - 20 =	5	X \$ 18	45.00
INDEPENDENT CLAIMS	3 - 3 =	--	X \$ 39	--
BASIC FEE			690.00 / \$345.00	390.00
				TOTAL FILING FEE
				390.00

Please charge my Deposit Account No. _____ In the amount of \$ _____.
A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required at any time during the prosecution of this application without specific authorization, or credit any overpayment to Deposit Account No. 02-1750. A duplicate copy of this sheet is enclosed.

A check in the amount of \$ 390.00 to cover the filing fee is enclosed.

29 Mar 99
date

Attn: Attorney of Record

Omri M. Behr,
Reg. No. 22,940

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Omri M. Behr
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